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SERIAL NUMBER 10/801,520	FILING DATE 03/16/2004 RULE	CLASS 424	GROUP ART UNIT 1654	ATTORNEY DOCKET NO.
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APPLICANTS

Elizabeth A. Mazzio, Tallahassee, FL;

Karam F. Soliman, Tallahassee, FL;

**** CONTINUING DATA *******

This appln claims benefit of 60/456,817 03/21/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	2	21	1
Verified and Acknowledged <i>McLeod</i> Examiner's Signature <i>ncs</i> Initials				

ADDRESS

Elizabeth A. Mazzio
 982 West Brevard Street, D #22
 Tallahassee , FL
 32304

TITLE

Topical treatment for dyshidrosis (pompholyx) and dry skin disorders

FILING FEE RECEIVED 394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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